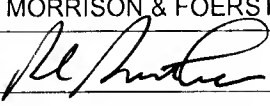
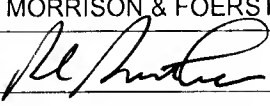
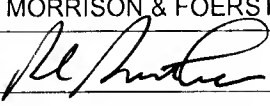


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/523,246
		Filing Date	January 27, 2005
		First Named Inventor	Stephen Benjamin COURTNEY
		Art Unit	3723
		Examiner Name	L. D. Wilson
Total Number of Pages in This Submission	4	Attorney Docket Number	424662010100

ENCLOSURES (Check all that apply)																		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; min-height: 100px;">         Remarks       </div>															
<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;"> <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b> </div> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Firm Name</td> <td colspan="3">MORRISON &amp; FOERSTER LLP</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> </tr> <tr> <td>Printed name</td> <td colspan="3">Barry E. Bretschneider</td> </tr> <tr> <td>Date</td> <td>December 16, 2008</td> <td>Reg. No.</td> <td>28,055</td> </tr> </table>				Firm Name	MORRISON & FOERSTER LLP			Signature				Printed name	Barry E. Bretschneider			Date	December 16, 2008	Reg. No.
Firm Name	MORRISON & FOERSTER LLP																	
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